

United States Bankruptcy Court for the:

District of New Jersey

Case number (if known): _____

Chapter you are filing under:

- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

☐ Check if this is an
amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Italian German Exhibition Company (USA) Inc.

2. All other names debtor used
in the last 8 years

Include any assumed names,
trade names, and *doing business*
as names

3. Debtor's federal Employer
Identification Number (EIN) 22-2609643

4. Debtor's address

Principal place of business

Mailing address, if different from principal place
of business

8755 W. Higgins Rd.

Number Street

Suite 900

Chicago

IL

60631

City

State

ZIP Code

Cook County

County

Number Street

P.O. Box

City

State

ZIP Code

Location of principal assets, if different from
principal place of business

Number Street

City

State

ZIP Code

5. Debtor's website (URL)

6. Type of debtor

- ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other. Specify: _____

Debtor Italian German Exhibition Company (USA) Inc. Case number (if known)

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.naics.com/search/>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☒ Chapter 7
☐ Chapter 9
☐ Chapter 11. Check all that apply:

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, and it chooses to proceed under Subchapter V of Chapter 11. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

☒ No

☐ Yes. District When Case number
MM / DD / YYYY
District When Case number
MM / DD / YYYY

If more than 2 cases, attach a separate list.

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

☒ No

☐ Yes. Debtor Relationship
District When
Case number, if known

List all cases. If more than 1, attach a separate list.

Debtor Italian German Exhibition Company (USA) Inc. Case number (if known)

11. Why is the case filed in this district?

Check all that apply:

- ☐ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

- ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____

Where is the property?

Number Street

City State ZIP Code

Is the property insured?

- ☐ No
- ☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated assets

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input checked="" type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor Italian German Exhibition Company (USA) Inc.
Name

Case number (if known)

16. Estimated liabilities

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures

WARNING — Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 09/27/2023
MM / DD / YYYY

X /s/

Signature of authorized representative of debtor

Title

CEO

BERND ROLDAN

Printed name

18. Signature of attorney

X /s/ Vincent Roldan

Signature of attorney for debtor

Date 09/27/2023

MM / DD / YYYY

Vincent Roldan

Printed name

Mandelbaum Barrett PC

Firm name

3 Becker Farm Road

Number Street

Roseland

City

NJ

State

07068

ZIP Code

973-974-9815

Contact phone

vroidan@mblawfirm.com

Email address

045371998

Bar number

NJ

State

Fill in this information to identify the case:

Debtor name Italian German Exhibition Company (USA) Inc.
United States Bankruptcy Court for the: District of New Jersey
(State)
Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*

\$ 0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*

\$ 509,980.76

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*

\$ 509,980.76

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*

\$ 0.00

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 6a of *Schedule E/F*

\$ 0.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F*

+\$ 2,703,684.95

4. **Total liabilities**
Lines 2 + 3a + 3b

\$ 2,703,684.95

Fill in this information to identify the case:Debtor name Italian German Exhibition Company (USA) Inc.United States Bankruptcy Court for the: District of New Jersey

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand**\$ 0.00**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. <u>Wells Fargo</u>	<u>Checking</u>	<u>9 7 0 1</u>	\$ <u>132,152.66</u>
3.2. _____	_____	_____	\$ _____

4. Other cash equivalents (Identify all)

4.1. <u>Uncashed check from Bank of America</u>	\$ <u>72,640.19</u>
4.2. _____	\$ _____

5. Total of Part 1\$ 204,792.85

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Part 2: Deposits and prepayments**6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
- ☐ Yes. Fill in the information below.

Current value of debtor's interest**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. _____	\$ _____
7.2. _____	\$ _____

Debtor

Italian German Exhibition Company (USA) Inc. Document

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Case number (if known)

Name

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. _____ \$ _____

8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ _____

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**☐ No. Go to Part 4.☒ Yes. Fill in the information below.**Current value of debtor's interest****11. Accounts receivable**11a. 90 days old or less: $\frac{305,187.91}{\text{face amount}} - \frac{0.00}{\text{doubtful or uncollectible accounts}} = \dots \rightarrow$ \$ 305,187.9111b. Over 90 days old: $\frac{0.00}{\text{face amount}} - \frac{0.00}{\text{doubtful or uncollectible accounts}} = \dots \rightarrow$ \$ 0.00**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 305,187.91

Part 4: Investments**13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.**Valuation method used for current value****Current value of debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. _____ \$ _____

14.2. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. _____ % _____ \$ _____

15.2. _____ % _____ \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____ \$ _____

16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ _____

Debtor

Name

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
- ☐ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
20. Work in progress				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
22. Other inventory or supplies				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
23. Total of Part 5				\$ _____
Add lines 19 through 22. Copy the total to line 84.				

24. Is any of the property listed in Part 5 perishable?

- ☐ No
- ☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
- ☐ Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
_____	\$ _____	_____	\$ _____
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
_____	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)			
_____	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed			
_____	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6			
_____	\$ _____	_____	\$ _____

Debtor

Italian German Exhibition Company (USA) Inc. Document

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Case number (if known)

33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. **Is the debtor a member of an agricultural cooperative?**☐ No☐ Yes. Is any of the debtor's property stored at the cooperative?☐ No☐ Yes35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**☐ No☐ Yes. Book value \$ _____ Valuation method _____ Current value \$ _____36. **Is a depreciation schedule available for any of the property listed in Part 6?**☐ No☐ Yes37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**☐ No☐ Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles**38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☐ No. Go to Part 8.☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture	\$ _____	_____	\$ _____
40. Office fixtures	\$ _____	_____	\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software			
Office equipment	\$ 100.00	_____	\$ Unknown
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$ 0.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**☒ No☐ Yes45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**☒ No☐ Yes

Debtor

Italian German Exhibition Company (USA) Inc.

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Case number (if known)

Name

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____
49. Aircraft and accessories			
49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
	\$ _____	_____	\$ _____
51. Total of Part 8. Add lines 47 through 50. Copy the total to line 87.			\$ _____

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
- ☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Debtor

Italian German Exhibition Company (USA) Inc.

Document

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Case number (if known)

Name

Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
- ☒ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
Office lease	Lease			
55.1		\$ _____	_____	\$ 0.00
55.2		\$ _____	_____	\$ _____
55.3		\$ _____	_____	\$ _____

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ 0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
- ☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites	\$ _____	_____	\$ _____
62. Licenses, franchises, and royalties	\$ _____	_____	\$ _____
63. Customer lists, mailing lists, or other compilations Customer lists	\$ _____	_____	Unknown
64. Other intangibles, or intellectual property	\$ _____	_____	\$ _____
65. Goodwill	\$ _____	_____	\$ _____

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ 0.00

Debtor

Italian German Exhibition Company (USA) Inc. Document Page 12 of 65

Name

Case number (if known)

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes. Fill in the information below.

**Current value of
debtor's interest**

71. Notes receivable

Description (include name of obligor)

_____ — _____ = → \$ _____
Total face amount doubtful or uncollectible amount

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____

73. Interests in insurance policies or annuities

_____ \$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

_____ \$ _____

Nature of claim _____

Amount requested \$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

_____ \$ _____

Nature of claim _____

Amount requested \$ _____

76. Trusts, equitable or future interests in property

_____ \$ _____

77. Other property of any kind not already listed Examples: Season tickets, country club membership

_____ \$ _____

_____ \$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ _____

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Debtor

Italian German Exhibition Company (USA) Inc.

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Case number (if known)

Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ 204,792.85	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ 0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ 305,187.91	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ 0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ 0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ 0.00	
88. Real property. <i>Copy line 56, Part 9.</i>	→	\$ 0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ 0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$ 0.00	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 509,980.76	+ 91b. \$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92. 509,980.76		\$ 509,980.76

Fill in this information to identify the case:

Debtor name Italian German Exhibition Company (USA) Inc.
United States Bankruptcy Court for the: District of New Jersey
Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
☐ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

2.1 Creditor's name

Describe debtor's property that is subject to a lien

Creditor's mailing address

\$ _____ \$ _____

Creditor's email address, if known

Describe the lien

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☐ No
☐ Yes. Specify each creditor, including this creditor,

Is the creditor an insider or related party?

- ☐ No
☐ Yes

Is anyone else liable on this claim?

- ☐ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

2.2 Creditor's name

Describe debtor's property that is subject to a lien

Creditor's mailing address

\$ _____ \$ _____

Creditor's email address, if known

Describe the lien

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☐ No
☐ Yes. Have you already specified the relative priority?
☐ No. Specify each creditor, including this creditor, and its relative priority.

Is the creditor an insider or related party?

- ☐ No
☐ Yes

Is anyone else liable on this claim?

- ☐ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$ _____

Fill in this information to identify the case:

Debtor Italian German Exhibition Company (USA) Inc.United States Bankruptcy Court for the: District of New JerseyCase number _____
(If known)☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**2.1 Priority creditor's name and mailing address**

Berey, Donald
 9727 Loch Linden Ct
 Fairfax, VA, 22032

Date or dates debt was incurred

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)As of the petition filing date, the claim is: \$ Unknown

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
 Wages, Salaries, Commissions

Is the claim subject to offset?

- ☒ No
☐ Yes

Total claim

Priority amount

\$ _____

2.2 Priority creditor's name and mailing address

Connecticut Department of Labor
 200 Folly Brook Blvd.
 Wethersfield, CT, 06109

Date or dates debt was incurred

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)As of the petition filing date, the claim is: \$ Unknown

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Basis for the claim:
 Taxes & Other Government Units

Is the claim subject to offset?

- ☒ No
☐ Yes

2.3 Priority creditor's name and mailing address

Connecticut Department of Revenue Services
 450 Columbus Blvd. Suite 1
 Hartford, CT, 06103

Date or dates debt was incurred

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)As of the petition filing date, the claim is: \$ Unknown

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Basis for the claim:
 Taxes & Other Government Units

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.4 Priority creditor's name and mailing address

Eckstein, Andreas
26 South Ridge Avenue

Arlington Heights, IL, 60005

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ Unknown

\$

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

2.5 Priority creditor's name and mailing address

Estey, Robin
18 Berkley Drive
Yardley
Morrisville, PA, 19067

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ Unknown

\$

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

2.6 Priority creditor's name and mailing address

Georgia Department of Labor
148 Andrew Young Intl Blvd, NE
Atlanta, GA, 30303

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

\$ Unknown

\$

Date or dates debt was incurred

Basis for the claim:

Taxes & Other Government Units

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

2.7 Priority creditor's name and mailing address

Georgia Department of Revenue
1800 Century Boulevard, NE
Atlanta, GA, 30345

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

\$ Unknown

\$

Date or dates debt was incurred

Basis for the claim:

Taxes & Other Government Units

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.8 Priority creditor's name and mailing address

\$ Unknown \$

Illinois Dept of Labor
60 N. La Salle Street, C-1300
Chicago, IL, 60601

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Taxes & Other Government Units

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

- ☒ No
☐ Yes

2.9 Priority creditor's name and mailing address

\$ Unknown \$

Illinois Dept of Revenue
Suite 1100, 555 West Monroe Street
Chicago, IL, 60661

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Taxes & Other Government Units

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

- ☒ No
☐ Yes

2.10 Priority creditor's name and mailing address

\$ Unknown \$

Internal Revenue Service
Centralized Insolvency Operation POB
Philadelphia, PA, 19101

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Taxes & Other Government Units

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

- ☒ No
☐ Yes

2.11 Priority creditor's name and mailing address

\$ Unknown \$

Kelly, Michelle
22514 Prairie Crossing

Plainfield, IL, 60544

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. ¹² Priority creditor's name and mailing address

\$ Unknown

\$

New Jersey Department of Treasury
3 John Fitch Way Fl 5
PO Box 245
Trenton, NJ, 08695

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Taxes & Other Government Units

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ¹³ Priority creditor's name and mailing address

\$ Unknown

\$

New Jersey Dept of Labor and Workforce
1 John Fitch Plz
Trenton, NJ, 08611

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Taxes & Other Government Units

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ¹⁴ Priority creditor's name and mailing address

\$ Unknown

\$

Pennsylvania Department of Labor and Industry
1700 Labor & Industry Building
Harrisburg, PA, 17120

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Taxes & Other Government Units

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ¹⁵ Priority creditor's name and mailing address

\$ Unknown

\$

Pennsylvania Department of Revenue
Looby Strawberry SQ
Harrisburg, PA, 17128-0101

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Taxes & Other Government Units

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.16 Priority creditor's name and mailing address

\$ Unknown

\$

Texas Comptroller of Public Accounts
Lyndon B. Johnson State Office Building,
111 East 17th Street
Austin, TX, 78774

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Taxes & Other Government Units

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

- ☒ No
☐ Yes

2.17 Priority creditor's name and mailing address

\$ Unknown

\$

Texas Workforce Commission
101 E 15th Street
Austin, TX, 78778

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Taxes & Other Government Units

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

- ☒ No
☐ Yes

2.18 Priority creditor's name and mailing address

\$ Unknown

\$

Virginia Dept of Labor and Industry
Main Street Center 600 East Main Street, Suite
207
Richmond, VA, 23219

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Taxes & Other Government Units

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

- ☒ No
☐ Yes

2.19 Priority creditor's name and mailing address

\$ Unknown

\$

Virginia Tax
Office of Customer Services P.O. Box 1115
Richmond, VA, 23218-1115

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Taxes & Other Government Units

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.²⁰ Priority creditor's name and mailing address

\$ Unknown \$

Wisconsin Department of Revenue
PO Box 8949
Madison, WI, 53708-8949

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Taxes & Other Government Units

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

- ☒ No
☐ Yes

2.²¹ Priority creditor's name and mailing address

\$ Unknown \$

Wisconsin Department of Workforce
Development
201 E. Washington Ave
Madison, WI, 53707

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Taxes & Other Government Units

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. Priority creditor's name and mailing address

\$ \$

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Is the claim subject to offset?

- ☐ No
☐ Yes

2. Priority creditor's name and mailing address

\$ \$

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Is the claim subject to offset?

- ☐ No
☐ Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address 5G-ACIA Alliance for Connected Industries & Automation Lyoner Strasse 9 Frankfurt Hesse, Germany, 60528 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 13,200.00
3.2	Nonpriority creditor's name and mailing address Adastra Royal Bank Plaza South Tower 200 Bay Street Suite 1401 Toronto, ON, M5J2J2 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 3,512.20
3.3	Nonpriority creditor's name and mailing address AirTAC USA Corporation 21202 Park Row Dr Katy, TX, 77449 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 13,200.00
3.4	Nonpriority creditor's name and mailing address Amazon Web Services 410 Terry Ave N Seattle, WA, 98104 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 31,600.00
3.5	Nonpriority creditor's name and mailing address American Express PO Box 360001 Fort Lauderdale, FL, 33336-0001 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 26,077.54
3.6	Nonpriority creditor's name and mailing address AT&T Business 208 S Akard Street, 17 Floor Dallas, TX, 75202 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 8,100.00

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁷	Nonpriority creditor's name and mailing address Canon Financial Services 14904 Collections Center Drive Chicago, IL, 60693-0149	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt	\$ 466.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁸	Nonpriority creditor's name and mailing address Capital Improvement Bd of Managers 100 South Capitol Avenue Indianapolis, IN, 46225	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt	\$ 47,067.43
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁹	Nonpriority creditor's name and mailing address CIMON Inc. 2435 W Horizon Ridge Pkwy #100 Henderson, NV, 89052	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt	\$ 6,600.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁰	Nonpriority creditor's name and mailing address ComEd PO Box 611 Carol Stream, IL, 60197-6111	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt	\$ 134.67
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹¹	Nonpriority creditor's name and mailing address Control System Integrators Association 111 West Jackson Blvd Suite 1412 Chicago, IL, 60604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt	\$ 0.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹²	Nonpriority creditor's name and mailing address Convention Data Services 7 Technology Park Dr. Buzzards Bay, MA, 02532	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt	\$ 25,000.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹³	Nonpriority creditor's name and mailing address Crowne Plaza Indianapolis Downtown 123 W Louisiana Street Indianapolis, IN, 46225	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt	\$ 8,897.56
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁴	Nonpriority creditor's name and mailing address DMAG Messegelände 30521 Hanover Germany	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim:	\$ 199,258.82
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁵	Nonpriority creditor's name and mailing address East Montgomery County Improvement District 21575 Hwy 59 North New Caney, TX, 77357	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt	\$ 6,652.80
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁶	Nonpriority creditor's name and mailing address Embassy Suites by Hilton Indianapolis Downtown 110 W Washington Street Indianapolis, IN, 46204	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt	\$ 12,831.30
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹⁷	Nonpriority creditor's name and mailing address Ericsson 300 Legacy Drive Bldg Tejas Plano, TX, 75024	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt	\$ 0.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁸	Nonpriority creditor's name and mailing address ETI LLC 51 Everett Drive Ste A40 Princeton Junction, NJ, 08550	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt	\$ 6,584.95
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁹	Nonpriority creditor's name and mailing address Eventsphere 55 Marietta Street NW Suite 900 Atlanta, GA, 30303	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt	\$ 22,291.50
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²⁰	Nonpriority creditor's name and mailing address Fairfield Inn 501 W Washington Street Indianapolis, IN, 46204	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt	\$ 12,485.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²¹	Nonpriority creditor's name and mailing address Forcam Inc. 3825 Edwards Road Suite 103 Cincinnati, OH, 45209	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt	\$ 3,300.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ²²	Nonpriority creditor's name and mailing address Fortinet 899 Kifer Road Sunnyvale, CA, 94086	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt	\$ 0.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²³	Nonpriority creditor's name and mailing address Global Experience Specialists Inc. 7000 Lindell Road Las Vegas, NV, 89118	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt	\$ 32,279.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²⁴	Nonpriority creditor's name and mailing address Hampton Inn Indianapolis Downtown 105 S Meridian Stret Indianapolis, IN, 46225	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt	\$ 11,002.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²⁵	Nonpriority creditor's name and mailing address HFI GmbH Messegelände Hannover 30521 Niedersachsen Germany	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Monies Loaned / Advanced	\$ 600,000.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²⁶	Nonpriority creditor's name and mailing address Hilton Indianapolis Hotel & Suites 120 W Market Street Indianapolis, IN, 46204	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt	\$ 23,381.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3. ²⁷	Nonpriority creditor's name and mailing address Hive MQ Postplatz 397 Garden City, UT, 84028	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 6,600.00
3. ²⁸	Nonpriority creditor's name and mailing address Horner Automation Group 59 South State Avenue Indianapolis, IN, 46201	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 5,100.00
3. ²⁹	Nonpriority creditor's name and mailing address Hyattplace Hyatt House Downtown Indianapolis 130 S Pennsylvania Street Indianapolis, IN, 42604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 12,895.00
3. ³⁰	Nonpriority creditor's name and mailing address IKO International 91 Walsh Drive Parsippany, NJ, 07054	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 3,300.00
3. ³¹	Nonpriority creditor's name and mailing address Industrial Andons, LLC 391 C Sportsplex Dr Dripping Springs, TX, 78620	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 3,408.90

Part 2: Additional Page

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Amount of claim

3. ³²	Nonpriority creditor's name and mailing address Industrial PC, Inc. 9800 Association Court Indianapolis, IN, 46280	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 3,300.00
3. ³³	Nonpriority creditor's name and mailing address International Society of Automation PO Box 12277 Durham, NC, 27709	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 0.00
3. ³⁴	Nonpriority creditor's name and mailing address Italian Exhibition Group S.P.A. Via Emilia 155 Cap 47921 Rimini (RN) Italy	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Monies Loaned / Advanced Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ Unknown
3. ³⁵	Nonpriority creditor's name and mailing address Italian German Exhibition Company (Canada) 480 University Avenue Ste 1500 Toronto Ontario M5G 1V2 Canada	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Monies Loaned / Advanced Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 446,340.56
3. ³⁶	Nonpriority creditor's name and mailing address Italian German Exhibition Company SRL Via Emilia no. 155-47921 Rimini (RN) Italy	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Monies Loaned / Advanced Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 600,000.00

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Amount of claim

<p>3. ³⁷ Nonpriority creditor's name and mailing address</p> <p>Katlax Enterprises Pvt Ltd. Block No. 117-119 Santey-Vadsar Road Gandhinagar Gujarat India, 382721</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 3,300.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Credit Card Debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3. ³⁸ Nonpriority creditor's name and mailing address</p> <p>Keysight 1400 Fountaingrove Pkwy Santa Rosa, CA, 95403</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 0.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Credit Card Debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3. ³⁹ Nonpriority creditor's name and mailing address</p> <p>Kinexon 200 S Wacker Drive Suite 3100 Chicago, IL, 60606</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 7,329.14</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Credit Card Debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3. ⁴⁰ Nonpriority creditor's name and mailing address</p> <p>Launchpad Build, Inc. 357 Oxenbridge Way Chapin, SC, 29036</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 6,800.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Credit Card Debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3. ⁴¹ Nonpriority creditor's name and mailing address</p> <p>Map Your Show LLC PO Box 638886 Cincinnati, OH, 45263-8886</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 25,615.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Credit Card Debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Part 2: Additional Page

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Amount of claim

3. ⁴²	Nonpriority creditor's name and mailing address MDG 2445 5th Avenue Ste 450 San Diego, CA, 92101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 97,371.50
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Credit Card Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴³	Nonpriority creditor's name and mailing address Mechatronic Systems 5220 E 64th Street Suite 200 Indianapolis, IN, 46220	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 13,859.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Credit Card Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴⁴	Nonpriority creditor's name and mailing address MFA 5177 Brandin Court Fremont, CA, 94538	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Credit Card Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴⁵	Nonpriority creditor's name and mailing address Moxa Inc. 601 Valencia Ave Suite 100 Brea, CA, 92823	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 12,910.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Credit Card Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴⁶	Nonpriority creditor's name and mailing address Neousys Technology America Inc. 3384 Commercial Avenue Northbrook, IL, 60062	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 3,300.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Credit Card Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3. ⁴⁷	Nonpriority creditor's name and mailing address Norgren 5400 S Delaware Street Littleton, CO, 80120	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt	\$ 9,900.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴⁸	Nonpriority creditor's name and mailing address O'Hare Plaza II, LLC 23428 Network Place Chicago, IL, 60673	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim:	\$ 17,328.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴⁹	Nonpriority creditor's name and mailing address Omni Severin Hotel 40 W Jackson Place Indianapolis, IN, 46225	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt	\$ 50,649.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵⁰	Nonpriority creditor's name and mailing address OPC Foundation 1601 N 82d Street Suite 3B Scottsdale, AZ, 85255	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt	\$ 13,200.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵¹	Nonpriority creditor's name and mailing address Peakboard America Inc. 150 N Michigan Ave Chicago, IL, 60601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt	\$ 3,300.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

3. ⁵²	Nonpriority creditor's name and mailing address Pennsylvania Convention Center Finance Department 1101 Arch Street Philadelphia, PA, 19107	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 93,417.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Credit Card Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵³	Nonpriority creditor's name and mailing address Powercast Corporation 620 Alpha Drive Pittsburgh, PA, 15238	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 3,512.20
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Credit Card Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵⁴	Nonpriority creditor's name and mailing address Premio Inc. 918 Radecki Court Rowland Heights, CA, 91748	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 6,600.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Credit Card Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵⁵	Nonpriority creditor's name and mailing address PULS L.P. 1640 White Oak Circle Suite A Aurora, IL, 60502	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 3,400.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Credit Card Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵⁶	Nonpriority creditor's name and mailing address RFID, Inc. 14190 Jewell Ave #4 Aurora, CO, 80012	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 3,408.90
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Credit Card Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

<p>3. ⁵⁷ Nonpriority creditor's name and mailing address</p> <p>Rittal North America LLC 425 N Martingale Rd Suite 400 Schaumburg, IL, 60173</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ 0.00</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Credit Card Debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3. ⁵⁸ Nonpriority creditor's name and mailing address</p> <p>Salesforce Inc. PO Box 203141 Dallas, TX, 75320-3141</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ 0.00</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Credit Card Debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3. ⁵⁹ Nonpriority creditor's name and mailing address</p> <p>Sewio Networks SRO Purkynova 649/127 Brno, Czech Republic, 612 00</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ 3,816.94</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Credit Card Debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3. ⁶⁰ Nonpriority creditor's name and mailing address</p> <p>Siemens Digital Industries 100 Technology Drive Alpharetta, GA, 30005</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ 3,816.94</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Credit Card Debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3. ⁶¹ Nonpriority creditor's name and mailing address</p> <p>Softserve Inc. 201 W 5th Street Suite 1550 Austin, TX, 78701</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ 13,200.00</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Credit Card Debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

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Amount of claim

3. ⁶²	Nonpriority creditor's name and mailing address Sung-II Machinery Co. Ltd. 25, Seousandan-ro 1-gil Gyeyang-gu, Icheon, Korea, 21072	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt	\$ 3,400.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁶³	Nonpriority creditor's name and mailing address Suzhou Haitong Robotic System Co. Inc. Block 3 No. 1 Zhufeng Rd. Mudu Town Wuzhong Dist. Suzhou, Jiangsu, China, 215101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt	\$ 26,400.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁶⁴	Nonpriority creditor's name and mailing address Syscort Global Services Private Limited D-40/5, N-12, Hudco TV Center Aurangabad Maharashtra, India, 431001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt	\$ 0.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁶⁵	Nonpriority creditor's name and mailing address Tekscope 132 W 35th Street New York, NY, 10001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt	\$ 3,300.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁶⁶	Nonpriority creditor's name and mailing address The Westin Indianapolis 241 W Washington Street Indianapolis, IN, 46204	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt	\$ 8,164.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

3. ⁶⁷	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 13,200.00
	THK America Inc. 200 E Commerce Drive Schaumburg, IL, 60173	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: Credit Card Debt	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁶⁸	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 15,000.00
	TUV Rheinland 295 Foster Street Littleton, MA, 01460	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: Credit Card Debt	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁶⁹	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 13,200.00
	TXOne Networks 222 Las Colinas Blvd W Irving, TX, 75039	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: Credit Card Debt	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁷⁰	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 3,400.00
	US Signal 201 Ionia Avenue SW Grand Rapids, MI, 49503	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: Credit Card Debt	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁷¹	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 6,600.00
	VDMA Machine Information Interoperability Lyoner Strasse 18 Frankfurt am Main Germany, 60528	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: Credit Card Debt	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

3. ⁷²	Nonpriority creditor's name and mailing address Velavu 168 Dalhousie St Ottawa Ontario Canada, K1N7C4	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 3,512.20
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Credit Card Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁷³	Nonpriority creditor's name and mailing address VKS Visual Knowledge Share 1241 Rue des Cascades Chateaugay QC Canada, J6J4Z2	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 3,408.90
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Credit Card Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁷⁴	Nonpriority creditor's name and mailing address Wiser Systems Inc. 819 W Hargett St. Raleigh, NC, 27603	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 6,600.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Credit Card Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁷⁵	Nonpriority creditor's name and mailing address Zaber Technologies Inc. #2- 605 West Kent Ave N Vancouver BV Canada, V6P 6T7	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 6,600.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Credit Card Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. _____	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. Internal Revenue Service 77 K St. NE. Washington, DC, 20002	Line <u>2.10</u> <input type="checkbox"/> Not listed. Explain: _____	_____
4.2. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.3. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.1. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.5. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.6. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.7. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.8. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.9. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.10. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.11. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts**5a. **Total claims from Part 1**

5a.

\$ 0.00

5b. **Total claims from Part 2**

5b.

+

\$ 2,703,684.95

5c. **Total of Parts 1 and 2**

5c.

\$ 2,703,684.95

Lines 5a + 5b = 5c.

Fill in this information to identify the case:

Debtor name Italian German Exhibition Company (USA) Inc.

United States Bankruptcy Court for the: District of New Jersey

Case number (If known): _____ Chapter 7

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	<p>Office lease Lessee</p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>O'Hare Plaza II LLC c/o Fulcrom Operating Company LLC 8725 W Higgins Rd Ste 805 Chicago, IL, 60631</p>
2.2	<p>Copier lease Lessee</p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Canon Financial Services 14904 Collections Center Drive Chicago, IL, 60693</p>
2.3	<p>License Lessee</p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Deutsche Messe Messegelände D-30521 Hannover</p>
2.4	<p>IT services Lessee</p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ETI LLC 51 Everett Drive Princeton Junction, NJ, 08550</p>
2.5	<p>Hosting agreement</p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Federal State of Lower Saxony Friedrichswall 1 30159 Hannover Germany</p>

Fill in this information to identify the case:

Debtor name Italian German Exhibition Company (USA) Inc.United States Bankruptcy Court for the: District of New Jersey

Case number (If known): _____

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, **Schedules D-G**. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing address

Name

Check all schedules that apply:

2.1

☐ D
☐ E/F
☐ G

2.2

☐ D
☐ E/F
☐ G

2.3

☐ D
☐ E/F
☐ G

2.4

☐ D
☐ E/F
☐ G

2.5

☐ D
☐ E/F
☐ G

2.6

☐ D
☐ E/F
☐ G

Fill in this information to identify the case and this filing:

Debtor Name Italian German Exhibition Company (USA) Inc.

United States Bankruptcy Court for the: District of New Jersey

Case number (If known): _____

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 09/27/2023
MM / DD / YYYY


X /s/

Signature of individual signing on behalf of debtor

BERND ROHDE
Printed name

CEO
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name _____
 United States Bankruptcy Court for the: _____ District of _____
 (State)
 Case number (if known): _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date: From 1/1/23 to Filing date
MM / DD / YYYY
 For prior year: From 1/1/22 to 12/31/22
MM / DD / YYYY
 For the year before that: From 1/1/21 to 12/31/21
MM / DD / YYYY

☒ Operating a business
☐ Other _____
☒ Operating a business
☐ Other _____
☒ Operating a business
☐ Other _____

\$ 301,528
 \$ 4,336,979
 \$ 894,046

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

From the beginning of the fiscal year to filing date: From 1/1/23 to Filing date
MM / DD / YYYY
 For prior year: From 1/1/22 to 12/31/22
MM / DD / YYYY
 For the year before that: From 1/1/21 to 12/31/21
MM / DD / YYYY

n/a
 Interest 20,278
 Exchange Rate Gain 44,075
 Disposal partnership interest \$ 250,027
 PPP Loan forgiven 458,365
 Exchange Rate Gain 11,336
 \$ _____

Debtor

Name

Case number (if known)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

(See Attachment)

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer Check all that apply
3.1	Creditor's name Street City State ZIP Code		\$	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other
3.2	Creditor's name Street City State ZIP Code		\$	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31)

☒ None

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1	Insider's name Street City State ZIP Code Relationship to debtor		\$	
4.2	Insider's name Street City State ZIP Code Relationship to debtor		\$	

Debtor

Name

Case number (if known)

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Description of the property	Date	Value of property
<p>5 1</p> <p>Creditor's name</p> <p>Street</p> <p>City State ZIP Code</p>			\$
<p>5 2</p> <p>Creditor's name</p> <p>Street</p> <p>City State ZIP Code</p>			\$

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
<p>Creditor's name</p> <p>Street</p> <p>City State ZIP Code</p>			\$
Last 4 digits of account number: XXXX- - - -			

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☒ None

Case title	Nature of case	Court or agency's name and address	Status of case
<p>7 1</p> <p>Case number</p>		<p>Name</p> <p>Street</p> <p>City State ZIP Code</p>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
<p>7 2</p> <p>Case title</p> <p>Case number</p>		<p>Court or agency's name and address</p> <p>Name</p> <p>Street</p> <p>City State ZIP Code</p>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor

Name

Case number (if known)

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Custodian's name and address

Description of the property

Value

Custodian's name

\$

Street

Case title

Court name and address

City

State

ZIP Code

Case number

Name

Street

Date of order or assignment

City

State

ZIP Code

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address

Description of the gifts or contributions

Dates given

Value

9.1 Recipient's name

Street

City

State

ZIP Code

Recipient's relationship to debtor

9.2 Recipient's name

Street

City

State

ZIP Code

Recipient's relationship to debtor

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred

Amount of payments received for the loss

Date of loss

Value of property lost

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets - Real and Personal Property).

\$

Debtor

Name

Case number (if known)

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

Who was paid or who received the transfer?

If not money, describe any property transferred

Dates

Total amount or value

Mandelbaum Barrett PC

11.1

Address

3 Becker Farm Rd, Ste 105

Street

Roseland NJ 07068

City State ZIP Code

Email or website address

www.mblawfirm.com

Who made the payment, if not debtor?

8/18/23

\$ 15,306

Who was paid or who received the transfer?

If not money, describe any property transferred

Dates

Total amount or value

11.2

Address

Street

City State ZIP Code

Email or website address

Who made the payment, if not debtor?

\$

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

Name of trust or device

Describe any property transferred

Dates transfers were made

Total amount or value

Trustee

\$

Debtor

Name

Case number (if known)

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

	Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1	<div>Address</div> <div>Street</div> <div>City State ZIP Code</div> <div>Relationship to debtor</div>			\$
13.2	<div>Who received transfer?</div> <div>Address</div> <div>Street</div> <div>City State ZIP Code</div> <div>Relationship to debtor</div>			\$

Part 7: Previous Locations

14 Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

	Address	Dates of occupancy
		From To Current
14.1	<div>Street</div> <div>8755 W Higgins Road, Suite 900</div> <div>Chicago IL 60631</div> <div>City State ZIP Code</div>	
14.2	<div>Street</div> <div>City State ZIP Code</div>	<div>From To</div>

Debtor

Name

Case number (if known)

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

15.1

Facility name

Street

City

State

ZIP Code

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

☐ Electronically

☐ Paper

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

15.2

Facility name

Street

City

State

ZIP Code

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

☐ Electronically

☐ Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

☐ No.

Customer contact information (names, address, phone #s, email addresses)

☒ Yes. State the nature of the information collected and retained.

Does the debtor have a privacy policy about that information?

☐ No

☐ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

☐ No. Go to Part 10.

☒ Yes. Does the debtor serve as plan administrator?

☐ No. Go to Part 10.

☒ Yes. Fill in below:

Name of plan

Hannover Fairs USA Inc. 401(k) Profit Sharing Plan

Employer identification number of the plan

EIN: 22 - 2609643

Has the plan been terminated?

☒ No

☐ Yes

Debtor

Case number (if known)

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

	Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1	Bank of America Name P.O. Box 15284 Street Wilmington DE 19850 City State ZIP Code	XXXX- 9 3 5 2	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input checked="" type="checkbox"/> Other Certificate of Deposit (now in form of check)	8/3/2023 (closed)	\$ 72,640.19
18.2	Name Street City State ZIP Code	XXXX- _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name Street City State ZIP Code	Address _____ _____	_____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name Street City State ZIP Code	Address _____ _____	_____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor

Name

Case number (if known)

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Owner's name and address	Location of the property	Description of the property	Value
Name			\$
Street			
City	State	ZIP Code	

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
- ☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
Case number	Name		<input type="checkbox"/> Pending
	Street		<input type="checkbox"/> On appeal
	City	State	<input type="checkbox"/> Concluded
	ZIP Code		

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
- ☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City	City	State	ZIP Code
State	State		
ZIP Code	ZIP Code		

Debtor

Name

Case number (if known)

24 Has the debtor notified any governmental unit of any release of hazardous material?

☒ No

☐ Yes. Provide details below.

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

Name

Name

Street

Street

City

State

ZIP Code

City

State

ZIP Code

Part 13: Details About the Debtor's Business or Connections to Any Business

25 Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name and address

Describe the nature of the business

Employer identification number

Do not include Social Security number or ITIN

25.1

North American Commercial Vehicle
Show Partnership

Partnership

EIN: 8 1 - 2 9 8 5 7 2 6

Name

8755 W Higgins Rd, Suite 1500

Street

Dates business existed

From 7/7/2016 To 12/31/2021

Chicago IL 60601

City State ZIP Code

25.2

Business name and address

Describe the nature of the business

Employer identification number

Do not include Social Security number or ITIN

Name

Street

City

State

ZIP Code

EIN: -

Dates business existed

From To

25.3

Business name and address

Describe the nature of the business

Employer identification number

Do not include Social Security number or ITIN

Name

Street

City

State

ZIP Code

EIN: -

Dates business existed

From To

Debtor

Name

Case number (if known)

26 Books, records, and financial statements

26a List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address

Dates of service

26a.1

Michele Kelly, (Accounting Director)

From 9/23/21 To Current

Name

8755 W Higgins Road, Suite 900

Street

Chicago

IL

60601

City

State

ZIP Code

Name and address

Dates of service

26a.2

William Rooney, (EX CFO)

From 7/21/98 To 9/23/21

Name

185 Peregrine Lane

Street

Hawthorn Woods

IL

60047

City

State

ZIP Code

(currently contract labor)

26b List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address

Dates of service

26b.1

Name

Nisivoccia LLP

Street

200 Valley Road, Suite 300

Mt Arlington

NJ

07856

City

State

ZIP Code

Name and address

Dates of service

26b.2

Name

Anderson & Company PC

Street

1140 Route 22 East, Suite 203

Bridgewater

NJ

08807

City

State

ZIP Code

From 12/2020 To 04/2021

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address

If any books of account and records are unavailable, explain why

26c.1

Name

IGECO USA Inc. (Accounting)

Street

8755 W Higgins Road, Suite 900

Chicago

IL

60601

City

State

ZIP Code

Debtor

Name

Case number (if known)

Name and address

If any books of account and records are unavailable, explain why

26c 2.

Name

Street

City

State

ZIP Code

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

Is this correct? Or should we include IGECO SRL?

☐ None

Name and address

26d 1.

Name

Deutsche Messe AG (Germany)

Street

Messesegelände 30521

Hannover, Germany

City

State

ZIP Code

Name and address

26d 2.

Name

Italian Exhibition Group (Italy) SpA

Street

Via Emilia, 155, 47921

Rimini, Italy

City

State

ZIP Code

27 Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

**Date of
inventory**

**The dollar amount and basis (cost, market, or
other basis) of each inventory**

\$

Name and address of the person who has possession of inventory records

27 1

Name

Street

City

State

ZIP Code

Debtor

Name

Case number (if known)

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

\$

Name and address of the person who has possession of inventory records

27.2.

Name

Street

City

State

ZIP Code

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Bernd Rohde	Bormanns Wiese Wedemark, Niedersachsen 30900	CEO-IGECO USA	
Wolfram Feuerhake	See attached for additional addresses	Board member	
Tommaso Cancellara		Board member	
Francesco Luigi Santa		Board member	
Arno Reich		Board member	
Lucia Cicognan		Board member	

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☐ No

☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Edward Nichols	136 Trail LN, Williams Bay, WI 53191	CEO-IGECO USA	From 10/21 To 07/23
			From To
			From To
			From To

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☒ No

☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 Name			
Street			
City			
State			
ZIP Code			
Relationship to debtor			

Debtor

Name

Case number (if known)

Name and address of recipient

30 2

Name

Street

City

State

ZIP Code

Relationship to debtor

31 Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No

☐ Yes. Identify below.

Name of the parent corporation

Employer identification number of the parent corporation

EIN: _____

32 Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No

(Contributes to 401(k) Plan not pension)

☐ Yes. Identify below.

Name of the pension fund

Employer identification number of the pension fund

EIN: _____

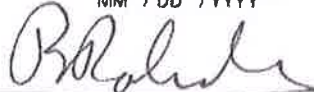
Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 09/13/2023
MM / DD / YYYY

x 

Printed name Bernd Rohde

Signature of individual signing on behalf of the debtor

Position or relationship to debtor CEO - IGECO USA

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☐ No

☒ Yes

Statement of Financial Affairs

Item 26d

Additional address

26.3

Italian German Exhibition Company SRL
Via Emilia No. 155-47921
Rimini (RN) Italy

Item 28

Name	Address	Position
Wolfram Feuerhake	Laubaner Str. 2 31832 Springe Deutschland	Board member
Tommaso Cancellera	Via Francesco Londonio 26, 20143 Milano, Italy	Board member
Francesco Luigi Santa	Princess Tower, Al Sufouh Road, Dubai Marina, Dubai, UAE	Board member
Arno Reich	Am Weidenbrunnen 14, 30966 Hemmingen	Board member
Lucia Cicognani	Via Gaetano Ghinassi No.33, 47121 Forlì (FC) Italy	Board member

Italian German Exhibition Corporation USA, Inc.

RESOLUTION

At a meeting of the Board of Directors (the "Board") of Italian German Exhibition Corporation USA, Inc. (the "Corporation") held on August 9, 2023 at which a quorum was present, and pursuant to a duly made and seconded motion, the following resolution was adopted by unanimous vote of the Board:

RESOLVED, that the Board hereby recommends that the Corporation file a voluntary petition in the United States Bankruptcy Court pursuant to chapter 7 of title 11 of the United States Code; and it is

FURTHER RESOLVED, that Bernd Rohde, Chief Executive Officer, and Tomasso Cancellara, Chairman of the Board of the Corporation (together, the "Authorized Officers"), are hereby authorized and directed to execute and deliver all documents necessary to file a chapter 7 voluntary bankruptcy case on behalf of the Corporation; and it is

FURTHER RESOLVED, that the Authorized Officers are hereby authorized to appear in all bankruptcy proceedings for and on behalf of the Corporation, and to otherwise do and perform any and all acts and deeds and to execute and deliver any and all documents on behalf of the Corporation reasonably needed in connection with such bankruptcy case; and it is

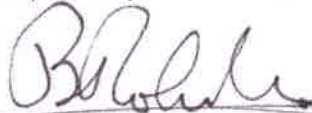
FURTHER RESOLVED, that the Authorized Officers are hereby authorized and directed to engage Mandelbaum Barrett PC as attorneys to represent the Corporation in such bankruptcy case; and it is

FURTHER RESOLVED, that the Authorized Officers are hereby authorized, directed and empowered, in the name and on behalf of the Corporation, to execute, acknowledge, seal and/or deliver all such other documents, instruments, agreements and certificates, to pay all fees, and to take all such other action as they may determine to be necessary or desirable to effect the purposes of the foregoing resolutions and/or the transactions and actions contemplated hereby, the execution, acknowledgment, seal and/or delivery of such documents, instruments, agreements and certificates, the payment of such fees and the taking of such other actions to be conclusive evidence of such determination; and it is

FURTHER RESOLVED, that any and all other actions heretofore taken by the Authorized Officers or by any other officer, director or authorized agent of the Corporation, to execute and deliver any of the agreements or documents authorized by the foregoing resolutions, or to take any of the actions authorized by the foregoing resolutions, are hereby approved, ratified and confirmed in all respects.

The foregoing resolution was approved by the Board without dissent and the undersigned was authorized to sign these minutes to memorialize such action.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read 'Bernd Rohde', is written over a horizontal line.

Bernd Rohde
Secretary

Date: As of August 9, 2023

5G-ACIA Alliance for Connected Industries & A
Lyoner Strasse 9
Frankfurt Hesse, Germany, 60528

Connecticut Department of Labor
200 Folly Brook Blvd.
Wethersfield, CT 06109

Adastra
Royal Bank Plaza South Tower
200 Bay Street Suite 1401
Toronto, ON, MSJ2J2

Connecticut Department of Revenue Services
450 Columbus Blvd. Suite 1
Hartford, CT 06103

AirTAC USA Corporation
21202 Park Row Dr
Katy, TX 77449

Control System Integrators Association
111 West Jackson Blvd
Suite 1412
Chicago, IL 60604

Amazon Web Services
410 Terry Ave N
Seattle, WA 98104

Convention Data Services
7 Technology Park Dr.
Buzzards Bay, MA 02532

American Express
PO Box 360001
Fort Lauderdale, FL 33336-0001

Crowne Plaza Indianapolis Downtown
123 W Louisiana Street
Indianapolis, IN 46225

AT&T Business
208 S Akard Street, 17 Floor
Dallas, TX 75202

Deutsche Messe
Messegelände
D-30521 Hannover,

Berey, Donald
9727 Loch Linden Ct
Fairfax, VA 22032

DMAG
Messegelände
30521 Hanover Germany,

Canon Financial Services
14904 Collections Center Drive
Chicago, IL 60693-0149

East Montgomery County Improvement District
21575 Hwy 59 North
New Caney, TX 77357

Canon Financial Services
14904 Collections Center Drive
Chicago, IL 60693

Eckstein, Andreas
26 South Ridge Avenue
Arlington Heights, IL 60005

Capital Improvement Bd of Managers
100 South Capitol Avenue
Indianapolis, IN 46225

Embassy Suites by Hilton Indianapolis Downtow
110 W Washington Street
Indianapolis, IN 46204

CIMON Inc.
2435 W Horizon Ridge Pkwy
Henderson, NV 89052

Ericsson
300 Legacy Drive
Bldg Tejas
Plano, TX 75024

ComEd
PO Box 611
Carol Stream, IL 60197-6111

Estey, Robin
18 Berkley Drive
Yardley
Morrisville, PA 19067

ETI LLC
51 Everett Drive
Ste A40
Princeton Junction, NJ 08550

Hilton Indianapolis Hotel & Suites
120 W Market Street
Indianapolis, IN 46204

ETI LLC
51 Everett Drive
Princeton Junction, NJ 08550

Hive MQ
Postplatz 397
Garden City, UT 84028

Eventsphere
55 Marietta Street NW
Suite 900
Atlanta, GA 30303

Horner Automation Group
59 South State Avenue
Indianapolis, IN 46201

Fairfield Inn
501 W Washington Street
Indianapolis, IN 46204

Hyattplace Hyatt House Downtown Indianapolis
130 S Pennsylvania Street
Indianapolis, IN 46204

Federal State of Lower Saxony
Friedrichswall 1
30159 Hannover Germany

IKO International
91 Walsh Drive
Parsippany, NJ 07054

Forcam Inc.
3825 Edwards Road
Suite 103
Cincinnati, OH 45209

Illinois Dept of Labor
60 N. La Salle Street, C-1300
Chicago, IL 60601

Fortinet
899 Kifer Road
Sunnyvale, CA 94086

Illinois Dept of Revenue
Suite 1100, 555 West Monroe Street
Chicago, IL 60661

Georgia Department of Labor
148 Andrew Young Intl Blvd, NE
Atlanta, GA 30303

Industrial Andons, LLC
391 C Sportsplex Dr
Dripping Springs, TX 78620

Georgia Department of Revenue
1800 Century Boulevard, NE
Atlanta, GA 30345

Industrial PC, Inc.
9800 Association Court
Indianapolis, IN 46280

Global Experience Specialists Inc.
7000 Lindell Road
Las Vegas, NV 89118

Internal Revenue Service
Centralized Insolvency Operation POB
Philadelphia, PA 19101

Hampton Inn Indianapolis Downtown
105 S Meridian Stret
Indianapolis, IN 46225

Internal Revenue Service
77 K St. NE.
Washington, DC 20002

HFI GmBH
Messegelände
Hannover 30521 Niedersachsen
Germany,

International Society of Automation
PO Box 12277
Durham, NC 27709

Italian Exhibition Group S.P.A.
Via Emilia 155 Cap 47921
Rimini (RN) Italy

Moxa Inc.
601 Valencia Ave
Suite 100
Brea, CA 92823

Italian German Exhibition Company (Canada)
480 University Avenue Ste 1500
Toronto Ontario M5G 1V2 Canada,

Neousys Technology America Inc.
3384 Commercial Avenue
Northbrook, IL 60062

Italian German Exhibition Company SRL
Via Emilia no. 155-47921
Rimini (RN) Italy

New Jersey Department of Treasury
3 John Fitch Way Fl 5
PO Box 245
Trenton, NJ 08695

Katlax Enterprises Pvt Ltd.
Block No. 117-119
Santey-Vadsar Road
Gandhinagar Guarat India, 382721

New Jersey Dept of Labor and Workforce
1 John Fitch Plz
Trenton, NJ 08611

Kelly, Michelle
22514 Prairie Crossing
Plainfield, IL 60544

Norgren
5400 S Delaware Street
Littleton, CO 80120

Keysight
1400 Fountaingrove Pkwy
Santa Rosa, CA 95403

O'Hare Plaza II LLC
c/o Fulcrom Operating Company LLC
8725 W Higgins Rd Ste 805
Chicago, IL 60631

Kinexon
200 S Wacker Drive Suite 3100
Chicago, IL 60606

O'Hare Plaza II, LLC
23428 Network Place
Chicago, IL 60673

Launchpad Build, Inc.
357 Oxenbridge Way
Chapin, SC 29036

Omni Severin Hotel
40 W Jackson Place
Indianapolis, IN 46225

Map Your Show LLC
PO Box 638886
Cincinnati, OH 45263-8886

OPC Foundation
1601 N 82d Street
Suite 3B
Scottsdale, AZ 85255

MDG
2445 5th Avenue
Ste 450
San Diego, CA 92101

Peakboard America Inc.
150 N Michigan Ave
Chicago, IL 60601

Mechatronic Systems
5220 E 64th Street
Suite 200
Indianapolis, IN 46220

Pennsylvania Convention Center
Finance Department
1101 Arch Street
Philadelphia, PA 19107

MFA
5177 Brandin Court
Fremont, CA 94538

Pennsylvania Department of Labor and Industry
1700 Labor & Industry Building
Harrisburg, PA 17120

Suzhou Haitong Robotic System Co. Inc.
Block 3 No. 1 Zhufeng Rd.
Mudu Town Wuzhong Dist.
Suzhou, Jiangsu, China, 215101

Pennsylvanie Department of Revenue
Looby Strawberry SQ
Harrisburg, PA 17128-0101

Syscort Global Services Private Limited
D-40/5, N-12, Hudco TV Center
Aurangabad
Maharashtra, India, 431001

Powercast Corporation
620 Alpha Drive
Pittsburgh, PA 15238

Tekscape
132 W 35th Street
New York, NY 10001

Premio Inc.
918 Radecki Court
Rowland Heights, CA 91748

Texas Comptroller of Public Accounts
Lyndon B. Johnson State Office Building,
111 East 17th Street
Austin, TX 78774

PULS L.P.
1640 White Oak Circle
Suite A
Aurora, IL 60502

Texas Workforce Commission
101 E 15th Street
Austin, TX 78778

RFID, Inc.
14190 Jewell Ave
Aurora, CO 80012

The Westin Indianapolis
241 W Washington Street
Indianapolis, IN 46204

Rittal North America LLC
425 N Martingale Rd
Suite 400
Schaumburg, IL 60173

THK America Inc.
200 E Commerce Drive
Schaumburg, IL 60173

Salesforce Inc.
PO Box 203141
Dallas, TX 75320-3141

TUV Rheinland
295 Foster Street
Littleton, MA 01460

Sewio Networks SRO
Purkynova 649/127
Brno, Czech Republic, 612 00

TXOne Networks
222 Las Colinas Blvd W
Irving, TX 75039

Siemens Digital Industries
100 Technology Drive
Alpharetta, GA 30005

US Signal
201 Ionia Avenue SW
Grand Rapids, MI 49503

Softserve Inc.
201 W 5th Street
Suite 1550
Austin, TX 78701

VDMA Machine Information Interoperability
Lyoner Strasse 18
Frankfurt am Main
Germany, 60528

Sung-II Machinery Co. Ltd.
25, Seousandan-ro 1-gil
Gyeyang-gu, Icheon, Korea, 21072

Velavu
168 Dalhousie St
Ottawa
Ontario Canada, K1N7C4

Virginia Dept of Labor and Industry
Main Street Center 600 East Main Street,
Richmond, VA 23219

Virginia Tax
Office of Customer Services P.O. Box 111
Richmond, VA 23218-1115

VKS Visual Knowledge Share
1241 Rue des Cascades
Chateaugay
QC Canada, J6J4Z2

Wisconsin Department of Revenue
PO Box 8949
Madison, WI 53708-8949

Wisconsin Department of Workforce Development
201 E. Washington Ave
Madison, WI 53707

Wiser Systems Inc.
819 W Hargett St.
Raleigh, NC 27603

Zaber Technologies Inc.
Vancouver BV Canada, V6P 6T7

United States Bankruptcy Court

_____ District Of New Jersey

In re

Italian German Exhibition Company (USA) Inc.

Case No. _____

Debtor

Chapter _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ 15,306

Prior to the filing of this statement I have received \$ 15,306

Balance Due \$ 0

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☐ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Representation of Debtor in any litigation within or relating that bankruptcy case, such as litigations under Chapter 5 of the Bankruptcy Code.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Sept. 29, 2023
Date

/s/ Vincent J. Roldan

Signature of Attorney

Mandelbaum Barrett PC

Name of law firm